

## Final Meter Read Request Residential

## **PROPERTY INFORMATION:**

Street Number:	Street Name:		
Request Received Date:			
End Date:/	Ending Meter Read:	ITRON #:	
APPLICANT INFORMATION:			
Owner:			
Property Owners Name:			
Telephone Number:/	/ Email Address	s:	
Renter:			
Property Owners Name:			
Does Owner Require a FINA	AL Bill sent to Owner? Yes: _	No:	
FORWARDING ADDRESS:			
Street Number:	Street Name:	City:	
State:	Zip Code:	Telephone No:	
		ent, the PROPERTY OWNER is re	
		y cannot be delegated to other	<del></del>
Renter's Name:			
FORWARDING ADDRESS:			
Street Number:	Street Name:	City:	
State:	Zip Code:	_	
Telephone Number:/_	/ Email Addr	ess:	
Owner Signature:			/ /
-			
Renter Signature:			/ /
<u> </u>			
Fiscal Officer Signature:			/ /